Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN Bureau of Quality Assurance P.O. Box 2969 Madison WI 53701-2969

Facility Information

Facility Name: CHESTNUT AVENUE HOME (0009367)
Address: 611 N CHESTNUT AVE, GREEN BAY, WI 54303

License Status: REGULAR

Licensed/Certified/Registered 07/09/2001

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0095634 End Date: 09/15/2005 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007195 Served 10/29/2005

<u>Compliance</u>

<u>Deficiencies Cited</u> <u>Subject Area</u> <u>Verified</u> <u>Corrected</u> 88.07(3)(e)1 MEDICATION- RECORD KEEPING

Survey ID: 0094439 End Date: 03/31/2005 Type: OTHER Purpose: DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007108 Served 04/11/2005

<u>Compliance</u>

Deficiencies Cited Subject Area <u>Verified</u> Correct

Deficiencies CitedSubject AreaVerifiedCorrected50.065(6)(b)CREDENTIALED CAREGIVERS05/31/2005Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Survey ID: 0093558 End Date: 10/13/2004 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007038 Served 11/12/2004

Deficiencies Cited Subject Area

88.06(2)(a) ADMISSION-HEALTH EXAM 88.07(3)(e)1 MEDICATION- RECORD KEEPING Compliance

Verified Corrected

Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Enforcement History

Date: 10/05/2005 SOD #10007195 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

Date: 04/01/2005 SOD #10007108 Appealed: No

Sanctions

COMPLY WITH REQUIREMENT

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Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN Bureau of Quality Assurance P.O. Box 2969 Madison WI 53701-2969

Complaint History

Date Complaint Received: 07/27/2005 Date Investigation Completed: 09/15/2005

Subject Area(s) Result SOD #

SUPERVISION NOT SUBSTANTIATED PHYSICAL PLANTS & SAFETY HAZARDS NOT SUBSTANTIATED MEDICATIONS NOT SUBSTANTIATED